STATE OF SOUTH CAROLINA	: )	
(Caption of Case)  Example: Application for a Class C Charter Certification Doe dba Doe's Limo	)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET
Authority	, )	DOCKET NUMBER: 2011 - 101 - 1
(Please type or print)	)	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
Submitted by: Many Road	,	Telephone:
Address: 3930 Farmany &	alson Dr.	Fax:
Mysto Board		Other:
	29577	Email:
be filled out completely.	the Public Service Co	nor supplements the filing and service of pleadings or other papers mmission of South Carolina for the purpose of docketing and must
NATUR	E OF ACTION (	Check all that apply)
Application - Class A/A Restricted		Request for Name Change on Certificate
Application - Class C Taxi	SMO / JIAM	Request to Amend Scope of Authority
Application - Class C Charter	DS OS4	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	1102 66 33	Request to Amend Passenger Limit
Application - Class C Non-Emergency	CELAEL	Request
		☐ Exhibit
Application - Class E Household Goods	<b>:</b> .	Late-Filed Exhibit
Application - Class E Hazardous Waste	• •	Letter &
Application		Proposed Order
Request for Extension to Comply with Order		Publisher's Affidavit
Request for Order Granting Authority to Obta of Public Convenience and Necessity to be Re	ain a Certificate escinded	Reservation Letter
Request for Cancellation of Certificate		Response  Return to Petition
Request for Suspension		Other:
Request for Reinstatement		

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: _ <b>3/04/</b> 11
CLASS C - CHARTER	• • — ———
Application is hereby made for a Certificate of of S.C. Code Ann., § 58-23-10, et seq. (1976),	f Public Convenience and Necessity, in accordance with the provision and amendments thereto.
Low Tree, N. E.	(corporation, partnership, or sole proprietorship, with or without trade name.
2730 Farming Las	Street Address of Applicant Street Address of Applicant 29577
(843) 626-9378 CONTROL (843) 916-4009 Phone	of Applicant if different from street address
Phone	Fax
	Email Address
. If incorporated, a copy of Articles of Incorporation Secretary of State "Foreign Corporation" Ce	oration must be attached. (If incorporated outside of SC, attach SC ortificate.)
Select Entity Type: (Check one)  Individual Owner/Sole Proprietorship	
Partnership - List names and address of	fall person having an interest in the business.
☐ Corporation - List names and addresses	of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### **BALANCE SHEET**

	Balance at Time Application is Filed:  Month Year
Assets:	
Cash	
Receivables	1,500.00
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	
	1,500.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	1
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	
	1,500.00

# PROPOSED RATES AND CHARGES FOR SERVICE

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area para			
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	x •		
matica de la C			
nties to be Served:			· · · · · · · · · · · · · · · · · · ·
batumulm			
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mum Number of Passengers per Vehic	ele:		
5			

# DESCRIPTION OF EQUIPMENT

MAKE	YEAR & MODEL	VIN#	WEIGHT EMPTY	SEATING
701	summedato sa	VIN#	EMFTT	CAPACITY
		· · · · · · · · · · · · · · · · · · ·		
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#### INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

	The second diffess requested.
The following insurance quote is for:	
Mary Read, doo:	
	. 0
Then They IN gim a	Dhusso
Na	me of Motor Carrier
Jackar yourself OEPE	
203000 V	ress of Motor Carrier
Add	less of Motor Carrier
Amount of Premium:	
E-M-Valle Of Fremum;	Limits Quoted: (See Below)
£0×.	
Liability Insurance \$ 2,400.00	*
	Limits 100/300/100
The above quoted premium is for a term of	months
	months.
Minimum Limits - Intrastate Only:	
1-7 Passengers \$ 25,00	00/50 000/25 000
, , , , , , , , , , , , , , , , , , ,	00/50,000/25,000
8-15 Passengers \$ 25,00	0/100,000/25,000
•	
Sugar Lugar La notal	
Name o	f Insurance Company
C/O 5 Stow Spaceagery	Praciona
158 N. Harrow City B	1 conferme
Name of Clo 5 Stone Space of the Home Offi	ce Address of Company
I am familiar with the Commission 1 P. 1	<del></del>
meets the minimum incurred the	gulations relating to insurance requirements and the above quote
South Carolina Department of Investment	ne insurance company making this quote is authorized by the
South Carolina Department of Insurance to do busing	ness in South Carolina.
- 3/on/11 los	LA H M L
Date	rized Insurance Company Representative's Signature
- 50000	representative's Signature

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

### Exhibit FWA

Mary Road,
Name of Applicant
Name of Applicant
1. Are there currently any outstanding judgments against the Applicant?  O Yes  No
If Yes, indicate nature of judgement(s) against applicant.
2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor statutes and regulations?
O Yes O No
3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated
⊕ Yes ○ No
·

# **Exhibit on Driver Qualifications**

1. Applicant understa	ands that all drivers must be a m	inimum of 18 years of age.
Yes	O No	•
	nds that a certified copy of the dom the DMV of the state in whice Applicant's business office.	lriver's three (3) year driving record issued by the SC DMV h the driver is or has been domiciled for such period must
3. Applicant understan must be maintained Yes	nds that a criminal history backg in the Applicant's business office.  No	round check from the state where the driver currently lives ce.
4. Applicant understand their possession whe state of residence of	operating a charter venicle, a	chicle under a Class C Charter Certificate must have in valid driver's license issued by the SC DMV or the current
⊕ Yes	O No	
State Law Enforcement	ds that all Class C Charter Certing the are registered, or required to ent Division or any national reg	ficate holders are prohibited from employing or leasing be registered, as sex offenders with the South Carolina istry of sex offenders.
⊕ Yes	O No	

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA ) COUNTY OF Hossia	Applicant's Signature
I, Name of Applicant's Representative	Title
the Applicant for the Certificate of Public Convenie affirm that all statements contained in the above app	Applicant , ence and Necessity as set forth in the foregoing, swear or plication are true and correct.
	Signature of Applicant's Representative
	The representative
SWORN TO BEFORE ME This day of 2011	·.
Notary Public B. Dunade	
Commission Expires 9/12/15	